

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 25-DEC-2014		TIME 19:02:00		2. ADDRESS OF OCCURRENCE 452 E MARQUETTE RD CHICAGO, IL 60637			3. LOCATION CODE 303		4. BEAT/OCCUR 0312			
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME KASPER		7. FIRST NAME CASEY J		8. STAR NO. 16787	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 60	12. HT. 235		
	14. DATE OF APPT. 19-FEB-2013		15. EMPLOYEE NO. 003		16. UNIT & BEAT OF ASSIGNMENT 0371		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME GILBERT		21. FIRST NAME TERRANCE		22. M.I. BLK	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 508	26. HT. 125	
SUBJECT INFORMATION	28. ADDRESS COOK COUNTY HOSPITAL - STROGER HOS		29. TELEPHONE NO. DR. [REDACTED]		30. WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS				34. BY WHOM? DR. [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED <input type="checkbox"/> DNA			
	37. CS NO. <input type="checkbox"/> DNA				38. CS NO. <input type="checkbox"/> DNA				39. CS NO. <input type="checkbox"/> DNA			
REASON FOR USE OF FORCE (Check all that apply)	35. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
	SUBJECT'S ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____	
	MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/> OTHER _____	
WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA		40. ADDITIONAL INFORMATION OFFENDER ARMED WITH A KNIFE, ATTACKED OFFICER WHILE SEATED IN SQUADROL FRONT PASSENGER SEAT, AMBUSHING OFFICER. OFFENDER STABBED OFFICER IN HIS UPPER CHEST AREA, STRIKING THE OFFICER'S BALLISTIC BODY ARMOR.		41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
	45. MAKE/MANUFACTURER SMITH & WESSON -JIS-(BODYGUARD,CHIEF SPECIAL)		46. MODEL M&P		47. BARREL LENGTH 4.5		48. CALIBER/GAUGE 9 MM		49. TASER DART ID NO. HAR5225		50. WEAPON SERIAL NO. (Include Letters) R031115S	
	51. CHICAGO GUN REG. NO. 0		52. IL FIREARM OWNER ID. NO. 1		53. HANDGUN CERTIFICATE NO. 2		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued	
CASE INFO.	57. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		58. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		59. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		60. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		61. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		62. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA	
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) DEFENSIVE TACTICS		65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		67. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		68. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
	69. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		70. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		71. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		72. REPORTING MEMBER (Print Name) KASPER, CASEY J		STAR/EMPLOYEE NO. 16787		SIGNATURE [REDACTED]	
SIGNATURES	73. REVIEWING SUPERVISOR (Print Name) ELIZONDO, XAVIER P		STAR NO. 1340		DATE REVIEWED 26-DEC-2014 02:40:59		TIME 26-DEC-2014 02:40:59		74. REVIEWING SUPERVISOR (Print Name) ELIZONDO, XAVIER P		STAR NO. 1340	
	75. REVIEWING SUPERVISOR (Print Name) ELIZONDO, XAVIER P		STAR NO. 1340		DATE REVIEWED 26-DEC-2014 02:40:59		TIME 26-DEC-2014 02:40:59		76. REVIEWING SUPERVISOR (Print Name) ELIZONDO, XAVIER P		STAR NO. 1340	
	77. REVIEWING SUPERVISOR (Print Name) ELIZONDO, XAVIER P		STAR NO. 1340		DATE REVIEWED 26-DEC-2014 02:40:59		TIME 26-DEC-2014 02:40:59		78. REVIEWING SUPERVISOR (Print Name) ELIZONDO, XAVIER P		STAR NO. 1340	

CPD-11.377 (REV. 10/07)

LOG# **1073105**Attachment **7**

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Deceased

78. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the undersigned that Ofc. KASPER, Casey #16787 acted in compliance with Department policy. Ofc. Kasper fired his weapon in fear of his life after Offender GILBERT, Terrence IR# 1680682 attacked him, stabbing him numerous times in the chest area of his ballistic vest.

Log#1073105

U#: 14-43

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1073105 OBTAINED

79. LIEUTENANT OR ABOVE/OCIC (Print Name)

RUIZ, BERSCOTT F

SIGNATURE

[Redacted Signature]

DATE COMPLETED TIME

26-DEC-2014 02:44:26

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

1

LOG# 1073105

Attachment 7